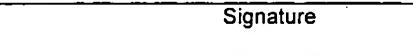


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PAT051943-US-PCT1 (2300-20407.30)
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number: 10/554,625		Filed: March 21, 2007
For COMPOSITIONS COMPRISING CATIONIC PARTILCES AND HCV E1E2 DNA AND METHODS OF USES THEREOF		
Art Unit: 1648		Examiner: Zachariah Lucas
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): A one-month extension of time was requested and paid for on June 1, 2010. Accordingly, an additional two-month extension of time is requested and the fee paid.		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two additional months (37 CFR 1.17(a)(2))	\$490	\$245
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110-\$130	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any <u>additional</u> fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1648</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
08/25/2010 HVUONG61 00000031 10554625		
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>33,208</u>	02 FC:1253 980.00 OP
		8/20/2010
Signature		Date
Roberta L. Robins Typed or printed name		(650) 493-3400 Telephone Number